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**PECEIVE** 

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR

OMB APPROVAL

OMB Number: 3235-0076 Expires: May 31, 2005 Estimated average burden hours response...... 1

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ED OFFERING EXEMPTION Name of Offering ( check if this is an amendment and name has una. e change.) JUNE 2004 OFFERING Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) □ ULOE Amendment New Filing Type of Filing: A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer Name of Issuer ( check if this is an amendment and name has changed, and indicate change.) ONDINE BIOPHARMA CORPORATION Telephone Number (Including Area Code Address of Executive Offices (Number and Street, City, State, Zip Code) 250 – 1075 West Georgia Street, Vancouver, BC V6E 3C9 604-669-0555 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (if different from Executive Offices) Brief Description of Business -Develop and market topical, non-antibiotic treatments for infectious disease, including periodontal and other viral and bacterial infections, using Photodynamic Therapy (PDT) as a platform technology. Type of Business Organization □ corporation ☐ limited partnership, already formed other (please specify) business trust limited partnership, to be formed Month <u>Year</u>

## **GENERAL INSTRUCTIONS**

Actual or Estimated Date of Incorporation or Organization:

## Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

CN for Canada; FN for other foreign jurisdiction)

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

SEPTEMBER

1992

CN

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC. Filing Fee: There is no federal filing fee.

### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

SEC 1972 (2-97) 1 of 8

Estimated

#### Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Promoter ☐ Beneficial Owner General and/or □ Director Managing Partner Apply: Full Name (Last name first, if individual) G. BRUCE DEAN Business or Residence Address (Number and Street, City, State, Zip Code) 250 – 1075 West Georgia Street, Vancouver, BC V6C 3C9 Check Box(es) that ☐ Promoter Beneficial Owner ☐ Executive Officer □ Director ☐ General and/or Apply: Managing Partner Full Name (Last name first, if individual) **CAROLYN CROSS** Business or Residence Address (Number and Street, City, State, Zip Code) 250 - 1075 West Georgia Street, Vancouver, BC V6C 3C9 Check Box(es) that ☐ Promoter ☐ Beneficial Owner General and/or ☐ Director Managing Partner Apply: Full Name (Last name first, if individual) VIPUL SHAH Business or Residence Address (Number and Street, City, State, Zip Code) 2891 - 152nd Avenue, NE, Redmond, Washington, USA, 98052 Check Box(es) that Beneficial Owner ☐ General and/or □ Promoter Director Apply: Managing Partner Full Name (Last name first, if individual) NICOLAS G. LOEBEL Business or Residence Address (Number and Street, City, State, Zip Code) 2891 – 152nd Avenue, NE, Redmond, Washington, USA, 98052 Check Box(es) that Promoter Beneficial Owner ☐ Executive Officer □ Director General and/or Managing Partner Apply: Full Name (Last name first, if individual) **COLIN WATTS** Business or Residence Address (Number and Street, City, State, Zip Code) 4223 West 15th Avenue, Vancouver, BC V6R 3A7 Check Box(es) that Promoter ☐ Beneficial Owner ☐ Executive Officer □ Director ☐ General and/or Managing Partner Apply: Full Name (Last name first, if individual) **DOUGLASS WATSON** Business or Residence Address (Number and Street, City, State, Zip Code) 21801 Ambrosia Lane, Trabuco Canyon, California General and/or Check Box(es) that ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer □ Director Apply: Managing Partner Full Name (Last name first, if individual) TERENCE HOLLAND Business or Residence Address (Number and Street, City, State, Zip Code) 4055 West 37th Avenue, Vancouver, BC V6N 2W6

A. BASIC IDENTIFICATION DATA

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

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					B. INFO	ORMATION	ABOUT O	FFERING				
Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?  Answer also in Appendix, Column 2, if filing under ULOE.										. Yes 🗌	No 🛭	
2. What	2. What is the minimum investment that will be accepted from any individual?											Α
3. Does	3. Does the offering permit joint ownership of a single unit?											
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
Full Nam	ne (Last name	first, if ind	ividual)									· · · · · · · · · · · · · · · · · · ·
Canaco	ord Capital	(U.S.A.)	Inc.									
	s or Residence											
c/o CT	Corporation	, 405 - 2	nd Ave. S	South, Mi	neapolis,	MN 5540	01					
Name of	Associated B	roker or D	ealer									
	Which Perso All States" or											
[AL]	[AK]	[AZ]		[CA] 🛛	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL] [MT]	[IN] [NE]	[A] [VV]	[KS] [NH]	[KY]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]
[RI]	[sc]	įsoj	[TN]	įτxj	[UT]	[VT]	[AV]	[WA]	[wv]	[wij	įwyj	(PR)
Full Nam	e (Last name	first, if ind	ividual)					•				
Business	or Residence	e Address	(Number a	and Street,	City, State	, Zip Code)						
Name of	Associated B	roker or D	ealer									
States in	Which Perso	n Listed H	as Solicite	d or Intend	s to Solicit	Purchasers						
	All States" or								• • • • • • • • • • • • • • • • • • • •			All States
[AL] [IL]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	(HI) [MS]	[ID] [MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[MM]	[NY]	[NC]	[ND]	(ÒHj	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Nam	ne (Last name	tirst, it ind	ividuai)									
Business	s or Residence	e Address	(Number a	and Street,	City, State	, Zip Code)		· · · · · ·				
Name of	Associated B	roker or D	ealer							·		
States in	Which Perso	n Listed H	as Solicite	d or Intend	s to Solicit	Purchasers						
•	All States" or											
[AL] [IL]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	(DE) [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box 🛘 and indicate in the columns below the amounts of the securities offering for exchange and already exchanged. Type of Security Aggregate Amount Already Sold Offering Price Debt ..... \$ Equity..... \$3,735,000 CDN \$3,735,000 CDN ☐ Preferred Common Convertible Securities (including warrants)..... \$ Partnership Interests ..... \$ Other (Specify)..... \$ \$ \$3,735,000 CDN Answer also in Appendix, Column 3, if filing under ULOE. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Number Aggregate Dollar Amount Investors of Purchases Accredited Investors..... \$3,735,000 CDN Non-accredited Investors..... Total (for filings under Rule 504 only)..... 0 \$0 Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of **Dollar Amount** Security Sold Type of Offering 0 \$0 Rule 505..... \$0 Regulation A..... 0 \$0 Rule 504..... 0 \$0 Total ..... 0 **\$**0 4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees ..... \$1,000.00 Printing and Engraving Costs..... \$60000.00 Legal Fees ..... Accounting Fees..... 

 $\boxtimes$ 

\$242,775.00

\$1,000.00 \$304,775.00

Other Expenses (Identify) Blue sky filing fees.....

Total.....

C. OFFERING PRICE, NUMBER OF IN	IVESTORS, EXPENSES AND	USE OF F	PROCEEDS		
<ul> <li>Enter the difference between the aggregate offering price given furnished in response to Part C – Question 4.a. This difference</li> </ul>				\$ <u>3,43</u> 0	),225
<ol> <li>Indicate below the amount of the adjusted gross proceeds to the iss purposes shown. If the amount for any purpose is not known, furni estimate. The total of the payments listed must equal the adjusted Part C – Question 4.b above.</li> </ol>	sh an estimate and check the	box to the I	eft of the		
		Paymen Directors	it to Officers, s, & Affiliates	P	ayment To Others
Salaries and fees			\$	_ 🗆	\$
Purchase of real estate			\$		\$
Purchase, rental or leasing and installation of machinery and equipmen	nt				\$
Construction or leasing of plant buildings and facilities			\$		\$
Acquisition of other businesses (including the value of securities involved be used in exchange for the assets or securities of another issuer purs			\$		
Repayment of indebtedness			\$		
Working capital	***************************************		\$		
Other (specify [insert here])			\$		
			\$		
Column Totals			\$		
Total Payments Listed (column totals added)			· · · · · · · · · · · · · · · · · · ·	⊠	
					40,100,000
D. FED	ERAL SIGNATURE				
The issuer had duly caused this notice to be signed by the undersigned signature constitutes an undertaking by the issuer to furnish to the U.S information furnished by the issuer to any non-accredited investor purs	Securities and Exchange Co	mmi\$sion, ı	filed under Rule upon written red	e 505, the quest of its	following staff, the
Issuer (Print or Type)	Signature	11		Date	
ONDINE BIOPHARMA CORPORATION				July 8, 20	004
Name of Signer (Print or Type) G. Bruce Dean	Title of Signer (Print or Type Director	e)			
	TTENTION				
Intentional misstatements or omissions of fact of 1001.)		minal vi	olations.	(See 18	3 U.S.C.

	E. STATE SIGNATURE
1.	Is any party described in 17 CFR 230.252(c), (d), (e) or (f) presently subject to any of the disqualification provisions of such rule?
	See Appendix, Column 5, for state response.
2.	The undersigned issuer hereby undertakes to furnish to the state administrator of any state in which the notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.
	e issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly
au	thorized person.
lss	uer (Print or Type) Date
10	NDINE BIOPHARMA CORPORATION July 8, 2004
Na	me (Print or Type) Title (Print or Type)
G.	Bruce Dean Director

# Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

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	to non-a	d to sell accredited rs in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR									
CA		Х	Common Shares \$3, 735,000 CDN	1	\$3,735,000 CDN				Х
СО									
СТ									
DE								ĺ	
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1		2	3			4			5
	to non-a	d to sell accredited is in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)			Disqualification under State ULOE (if yes, attach explanation of waiver granted (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
MT									
NE									
NV								<u> </u>	
NH									
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NM				·			<u></u>		ļ
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TX									
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VA		<del></del>							
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WV						-		<del> </del>	
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PR								<del> </del>	